

and the fact that normal sight is on the side presenting facial muscular insufficiency. The affected eye is on the side of the face that has normal muscular activity. If other troubles appear, as, for instance, facial paralysis and glosso-labial spasm, the paralysis develops on the side of muscular insufficiency and the spasm on the opposite.

L. F. B.

OPTIC HYPERÆSTHESIA FROM CEREBRAL CAUSES.

In the "Neurologisches Centralblatt," No. 17, 1892, Freund reports an anomaly of the visual field hitherto undescribed, occurring in traumatic neurosis. This is a remarkable enlargement of the field for white and also for colors. Not only blue and red, but also the field for green extends to the usual limits for white. A case of recent traumatic hysteria showed this phenomenon exquisitely developed. Repeated subsequent examinations confirmed the accuracy of the observation. The illumination was ordinary daylight. There was evidence of hyperæsthesia of other senses, and various areas of cutaneous hyperæsthesia.

Hysterogenic zones were also present. There was no intraocular cause. Ophthalmoscopic findings negative. In his opinion this condition may probably also arise in other irritative states of the cerebral cortex.

W. M. L.

ON TRAUMATIC NEUROSIS.

In the "Deutsche Zeitschr. f. Nervenheilkunde," Bd. i., Hft. 5 u. 6. Schultze reports a new series of twenty cases, and remarks in the introduction, that in accord with Seeligmüller he deems it inadvisable to have more than three or four such cases in the clinic at the same time, as so many mutual influences are apt to enhance the difficulty in judging of the genuineness of their complaints.

The individual symptoms upon which so much stress has recently been laid are thus analyzed:

1. *The Visual Field.*—The visual field was found absolutely normal, fourteen times for white and colors in eighteen cases. In the four others the examination had to be abandoned. In one, on account of lack of intelligence. In another where the patient was undoubtedly

weak-minded, the field was entirely distorted. In a third, who had organic disease of the central nervous system, both fields were asymmetrically contracted. In a fourth (a case of alcoholism), the left field was normal, but the right varied at different examinations. From these observations he feels less justified than formerly in attributing to this symptom any essential value in the diagnosis of a nervous disease due to trauma. In the examination of these cases we evidently are not dealing with a genuine contraction of the visual field in the sense that in the peripheral portion of the normal field there is no vision at all, but only with an indistinct perception. Otherwise we could not explain how these patients can so quickly find their way in the streets. Furthermore, the method of testing is of importance, especially whether the patient designates the moment when he gets a glimpse of white or the color, or whether he indicates when he clearly sees the outlines of the index. Even setting aside the possibility of intentional deception, the result of the examination depends in a great measure upon the subjective judgment of the patient, and, to say the least, cannot be accepted as an objective result. Hence, this symptom is not to be considered of paramount importance.

2. *Changes in Sensibility.*—In one case, the tactile sense was diminished to all forms of irritation on the side involved. In another, only on the affected forearm and hand. However, in these two cases, exaggeration of the suffering had to be admitted. *There is nothing pathognomonic in the presence or absence of sensory symptoms following traumatism.*

The other observations of Oppenheim cannot alter this conclusion, even should we assume a "Charité type," with extensive anæsthesias and a type without them.

3. *Psychical Symptoms.*—Schultze also doubts the frequency of psychic peculiarities. In none of his cases has he noticed the depression so often found by Oppenheim. He is of the opinion that the diagnosis of mental derangement is often made with unwarrantable haste.

4. *Frequency of the Pulse.*—The symptom described by Mankopff, that upon pressure over a painful point the pulse is accelerated, is looked upon by S. as an objective symptom where it is produced under the proper conditions.

5. *The Condition of the Reflexes.*—The significance of increase in the reflexes has also become problematical

since Schultze and Langard have observed that the reflexes may be exaggerated to the highest degree in a condition of mental excitement and in chronic diseases, particularly in phthisis.

6. *The Various Forms of Disease Observed in Trauma.*—As on former occasions he earnestly advises that these nervous disturbances should not be accepted as exclusively due to trauma, but that etiological factors should be considered. In the twenty cases there was one with typical chorea minor; four with Ménière's disease, and one with sciatica. In others, the symptoms could be ascribed to pulmonary tuberculosis or to arterio-sclerosis with cardiac hypertrophy.

7. *Simulation and Exaggeration.*—He points out the great difficulties, and analyzes several of the most doubtful symptoms, and again emphasizes, that in general the best means for determining the correctness of the patient's statements is by accurate and assiduous methods of observation. Among the twenty cases there were two of simulation; and in six patients the symptoms were in a great measure highly exaggerated.

8. He does not consider the prognosis unfavorable, and discourages the impression that the diagnosis of "traumatic neurosis" is synonymous with a death-warrant. The essay closes with seven well-selected and instructive histories (Centrbl. f. klin. Med., No. 30, 1892).

W. M. L.

TABES AND PARESIS.

In "Médecine moderne," June 16, 1892, there is an abstract of Rendu's paper with the foregoing title. The clinical association of tabes and paresis is now beyond dispute, though attempts have been made to prove some clinical differences between tabetic symptoms that are epiphenomena of paresis and those of true ataxia, before cerebral symptoms appear. These fine distinctions vanish before an analysis of facts. In two cases cited in the paper, the symptoms are those of classic ataxia, up to the moment that evidences of diffuse encephalitis appeared. According to Raymond, true tabes, as we know it, does not always confine itself exclusively to lesions of the posterior part of the cord, but extends into the motor cells and lateral tracts. Thus it would appear there is often in ataxia a systemic disease, a tendency to diffusion of the sclerotic process. Because certain isolated symptoms appear in subjects attacked by true ataxia and gen-